

# CLAIMS ONLY

SERIAL NO.

09/579327

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

$$11 + 20 = 31$$

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>	<i>[Signature]</i>	<i>6/2/00</i>
O.I.P.E. CLASSIFIER	<i>[Signature]</i>	<i>[Signature]</i>	<i>7/10/00</i>
FORMALITY REVIEW	<i>[Signature]</i>	<i>[Signature]</i>	<i>7/10/00</i>
RESPONSE FORMALITY REVIEW	<i>[Signature]</i>	<i>[Signature]</i>	<i>7/10/00</i>

INDEX OF CLAIMS

☒ Rejected N Non-elected  
☐ Allowed I Interference  
☐ (Through numeral) Canceled A Appeal  
☐ Restricted O Objected

Claim	Date
Final	
Original	
1	1/1/00
2	4-10-01
3	10/5/01
4	2/16/02
5	2/16/02
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Claim	Date
Final	
Original	
51	2/16/02
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Claim	Date
Final	
Original	
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If more than 150 claims or 10 actions  
staple additional sheet here

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BEST AVAILABLE COPY